File No.: 038387 Nationality: Q

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CEN
File No: 038387
NAME: MODHI MOHAMMED SALEM SAEED
ID NO: 29663404438 SEX: FEMALE
MOB: 33731233 ADDRESS : ALWEKEER

Age: 27yrs
Marital Status: 6 yrs
Husband's Name: Qabous Saeed Alghali
Mobile Phone: Residence Phone:

SYMPTOMS: c/o B- Micturation & feels incompletly evacuated her bladder

Medical History: P.H. G3 C1 F.H. HTN

MENSTRUAL HISTORY:

Menarche: 14 y/o L.N.M.P 7-2-24
Menstrual Habits: Regullar 1X/monthly For 8 Days
Menstrual Symptoms: Normal Menopause:
Parity: P 3 Abortion 0 Ectopic LCB 1 y/r

♀ 1 ♂ 2

EXAMINATION

General Examination: Ht. 164 cm Wt. 49.8 Kg BMI Kg/m² Bp 110/80 mm Hg
Looks well Not Pale
Chest, C.V.S.
Abdomen: / NAD
Breasts: Not Examined

PELVIC EXAMINATION:
Speculum Exam.
Bimanual Exam. / No indication
Rectal Exam.

Investigation Requested:

Diagnosis: UTI

Plan of Management:
Rx
Next Appointment:

Siemens
Clinitek Status®

DR. LEILA HAMID
MEDICAL CENTER

Patient Name: MODI

Patient ID: M

Multistix® 10 SG
Test date 02-25-2024
Time 8:36PM
Operator D
Test number 1646
Color Yellow
Clarity Clear

GLU Negative
BIL Negative
KET Negative

DR. LEILA H. MEDICAL CENTER W.L.L.
Tel. 44817651/ 44817652 - Fax: 44812796
Al Salam Street - North Muaither
Villa No.: 80 & 82

مركز د. ليلى حامد الطبي ذ.م.م.
تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦
شارع السلام - معيذر الشمالي
فيلا رقم: ٨٠ و ٨٢

Prescription وصفة طبية

№

Date: 25 FEB 2024 التاريخ:

Patient's name: Modhi Mohd إسم المريض:

File No.: 038387 رقم الملف:

Age: 26yr العمر: CT1

Rx

- Cefexime cap 400mg
  1x1x6d
- Cranfi sachet 1x1x2wks

Doctor's signature:

Email: dr.leilamedcenter@gmail.com
Mobile: 55868523